



STATE OF MARYLAND

DMMH

Maryland Department of Health and Mental Hygiene
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Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

Office of Preparedness & Response

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Public Health & Emergency Preparedness Bulletin: # 2007:34
Reporting for the week ending 08/25/07 (MMWR Week #34)

CURRENT HOMELAND SECURITY THREAT LEVELS

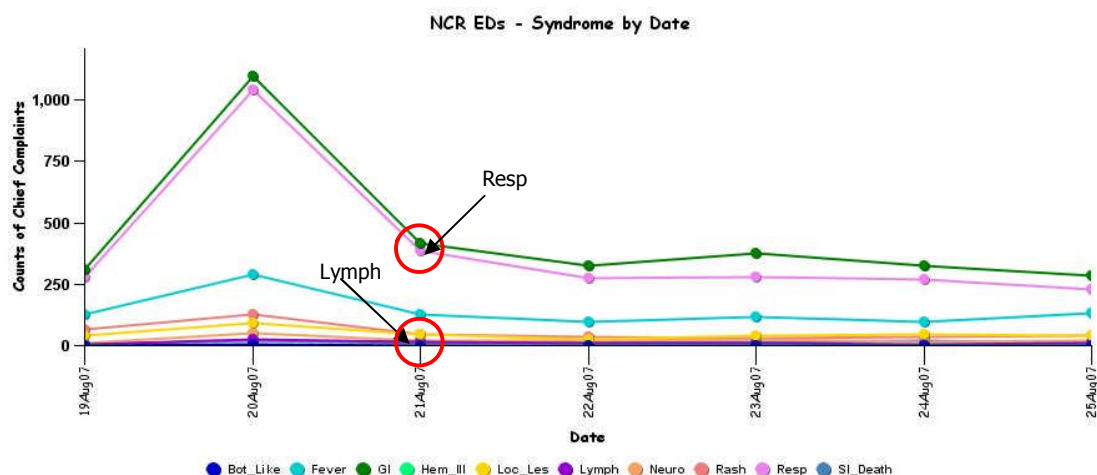
National: Yellow (ELEVATED) *The threat level in the airline sector is Orange (HIGH)
Maryland: Yellow (ELEVATED)

SYNDROMIC SURVEILLANCE REPORTS

ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):

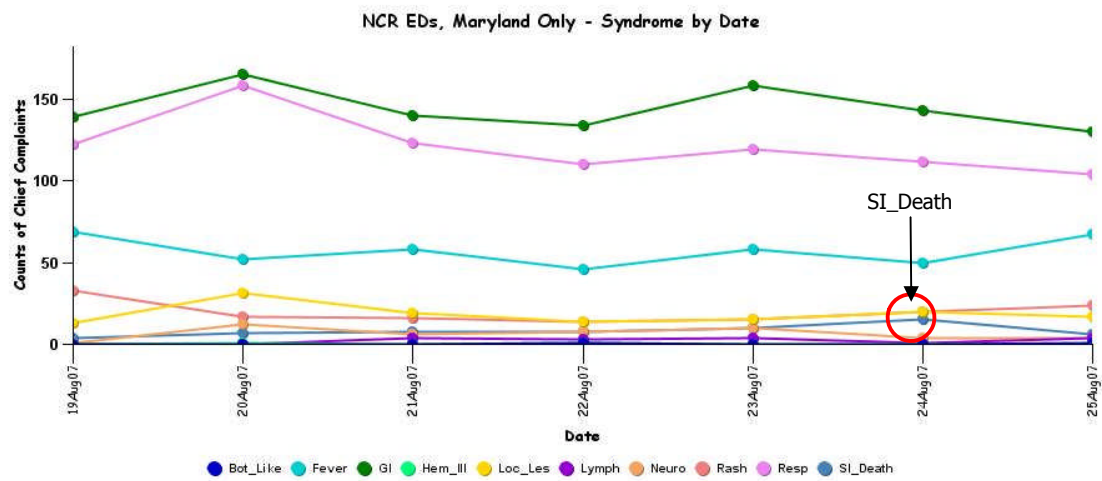
Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts only. Note: ESSENCE – ANCR Spring 2006 (v 1.3) now uses syndrome categories consistent with CDC definitions.

Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.

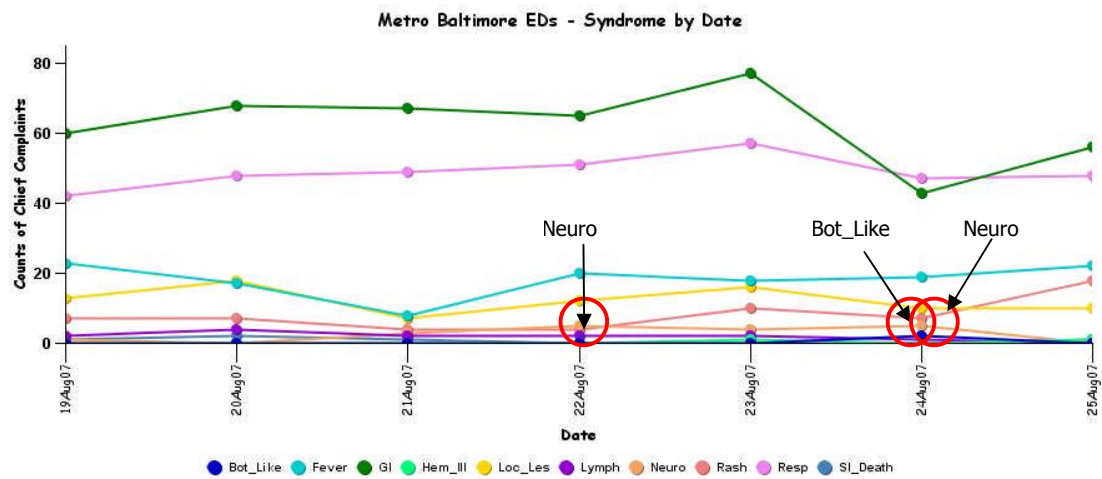


**** PLEASE NOTE: Data transmission issue on August 20 caused red alerts in almost all syndromes ****

* Includes EDs in all jurisdictions in the NCR (MD, VA, DC) under surveillance in the ESSENCE system



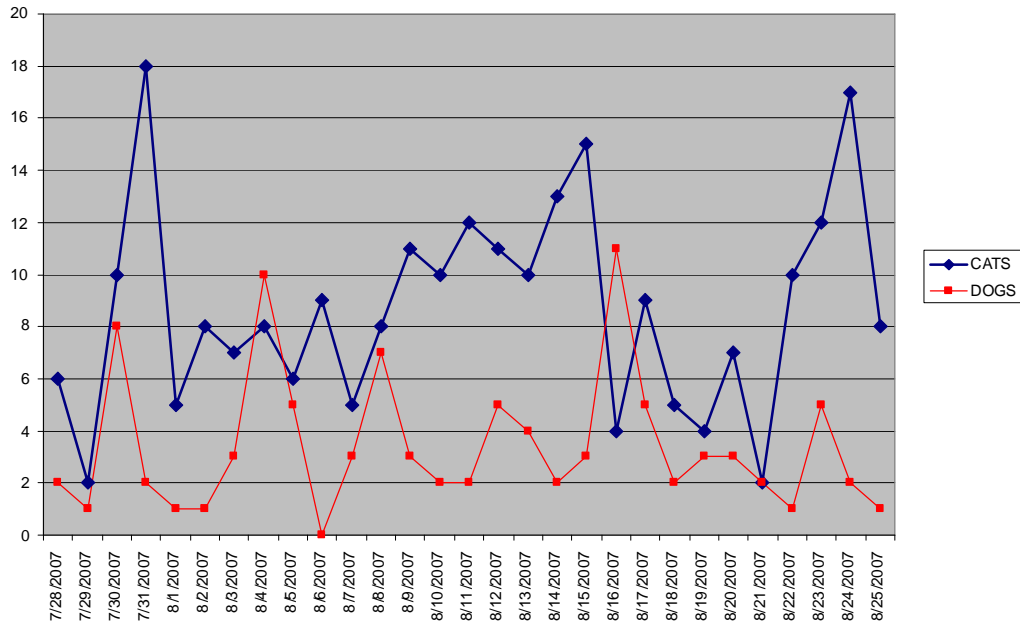
* Includes only Maryland EDs in the NCR (Prince George's and Montgomery Counties) under surveillance in the ESSENCE system



* Includes EDs in the Metro Baltimore region (Baltimore City and Baltimore County) under surveillance in the ESSENCE system.

BALTIMORE CITY SYNDROMIC SURVEILLANCE PROJECT: No suspicious patterns in the medic calls, ED Syndromic Surveillance and the animal carcass surveillance. Graphical representation is provided for animal carcass surveillance 311 data.

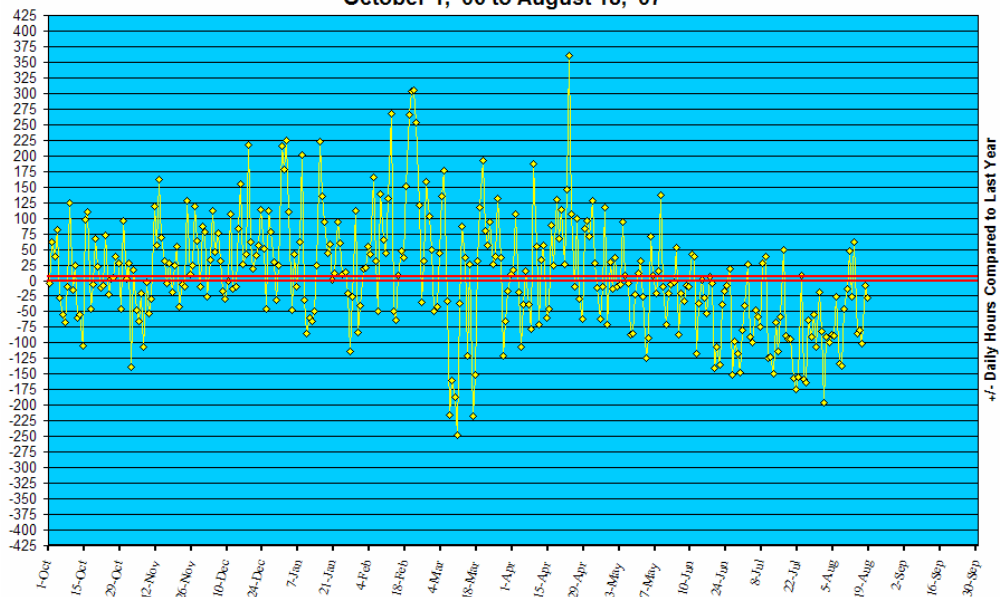
Dead Animal Pick-Up Calls to 311



REVIEW OF EMERGENCY DEPARTMENT UTILIZATION

YELLOW ALERT TIMES (ED DIVERSION): The reporting period begins 10/01/06.

**Statewide Yellow Alert Comparison
Daily Historical Deviations
October 1, '06 to August 18, '07**



REVIEW OF MORTALITY REPORTS

OCME: OCME reports no suspicious deaths related to BT for the week.

MARYLAND TOXIDROMIC SURVEILLANCE

Poison Control Surveillance Monthly Update: Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in July 2007 did not identify any cases of possible terrorism events.

REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS

COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):

Meningitis:	<u>Aseptic</u>	<u>Meningococcal</u>
New cases:	33	0
Prior week:	21	0
Week#34, 2006:	11	0

OUTBREAKS: 1 outbreak was reported to DHMH during MMWR Week 34 (August 19-25, 2007):

1 Respiratory illness outbreak

1 outbreak of LEGIONELLOSIS associated with an Office Building

MARYLAND SEASONAL FLU STATUS:

Seasonal Influenza reporting occurs October through May. No cases of influenza were reported to DHMH during MMWR Week 34 (August 19 – 25, 2007).

***Please note:** Influenza data reported to DHMH through the National Electronic Disease Surveillance System (NEDSS) is provisional and subject to further review.

PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO Pandemic Influenza Phase: Phase 3/4: No or very little human-to-human transmission/Small clusters with limited human-to-human transmission, suggesting that the virus is not well adapted to humans

US Pandemic Influenza Stage: Stage 0/1: New domestic animal outbreak in at-risk country/Suspected human outbreak overseas

*More information regarding WHO Pandemic Influenza Phase and US Pandemic Influenza Stage can be found at: <http://bioterrorism.dhmh.state.md.us/flu.htm>

WHO update: As of August 23, 2007, the WHO-confirmed global total of human cases of H5N1 avian influenza virus infection stands at 322, of which 195 have been fatal. Thus, the case fatality rate for human H5N1 is about 60%.

AVIAN INFLUENZA, HUMAN (Indonesia): 20 Aug 2007, The Health Ministry's laboratory has confirmed a Tangerang domestic helper died from the bird flu virus on Aug 17, bringing the country's death toll to 83. The victim died at Tangerang's Sari Asih Hospital on August 14 after 2 days of treatment for a high fever and acute pneumonia. The maid's employers, who are residents of Perumnas II in Tangerang regency, said they had no idea how their maid contracted the virus because there were no fowl at their home or in the neighborhood. The employer said his maid was treated at a clinic for a high fever and cough earlier this month. He said, "Her condition improved after she took the medicine and she was able to baby-sit my child." The employer said his family and the housemaid did not have direct contact with live poultry and birds near the house. "The only contact (with chickens) we had was on Jul 27, when my maid went with me to the market, just 200 meters from my home, to buy chicken meat," he said. He said he had never purchased live chicken from the market. Yuliah Iskandar, the regency health agency's head of communicable disease prevention, said a

team had been assigned to investigate the source of the H5N1 virus in the neighborhood. "There are no indications that bird flu has spread in the neighborhood, but we have taken blood samples from residents to be tested in a laboratory." Following the deaths of an official at the Supreme Audit Agency (BPK), and his 2 young daughters early in July 2005, the central government declared Tangerang a bird flu red zone. Since then, the agency has recorded less than 10 deaths in the regency, Yuliah said.

AVIAN INFLUENZA, LOW PATHOGENIC H5N2 (Italy): 20 Aug 2007, An outbreak of low pathogenic avian influenza, type H5N2, has been diagnosed on a poultry farm in Lugo, Italy. This has been notified by the Ministry of Agriculture. Lugo is 25 km west of Ravenna, in Emilia Romano. The farm included 7000 adult ducks, 3000 geese and 150 chickens. The infection was detected within the framework of the annual, routine sero-surveillance activities. No clinical symptoms were seen. The holding was confined, and the animals will be culled. A restriction zone of one-km radius has been imposed around the site.

AVIAN INFLUENZA, HUMAN (Indonesia): 22 Aug 2007, An Indonesian woman from the popular tourist resort of Bali has died of bird flu, a health ministry official said on Aug 22, the 2nd confirmed death from the H5N1 virus on the island. Joko Suyono of the Ministry's bird flu centre in Jakarta said the woman, who died on Aug 21 in a hospital in Bali's capital Denpasar, tested positive for H5N1 after a second test. The woman, a 28-year-old poultry trader, had suffered from high fever and breathing problems before being hospitalized near her village of Tanah Lot on Aug 18. Tanah Lot, on the southwestern part of Bali, is popular with tourists for its postcard sunset view and a temple that sits on an outcropping of rock in the ocean. A 29-year-old Indonesian woman from west Bali died more than a week ago of bird flu, the first confirmed death in the resort, the centre of Indonesia's tourism industry. The island regularly hosts large international conventions and is due to hold an important U.N. climate change conference in December 2007, which about 10 000 people are expected to attend. Authorities have culled thousands of chickens and put in place a transport ban on moving fowl since tests confirmed the first human death on the island last week. Contact with sick fowl is the most common way for humans to contract the disease. Indonesia has had 105 confirmed human cases from bird flu, out of which 84 have been fatal, the highest for any country in the world.

AVIAN INFLUENZA (Germany): 25 Aug 2007, Authorities have closed off a poultry farm in southern Germany after an outbreak of bird flu. Local veterinary authorities said late on Aug 24 checks at the farm in the Erlangen-Hoechststadt area in Bavaria had discovered birds infected with the H5N1 virus. A spokeswoman said samples would be examined to determine whether the birds were infected with the deadly strain of H5N1. There was no danger to people in the area, she said. The farm contains around 44 000 birds. Germany identified several cases of the deadly H5N1 strain in wild birds in Bavaria in June 2007. Several bird flu infections were also registered in Germany last year. Earlier this week, Russia banned poultry imports from Italy to prevent the spread of bird flu after outbreaks there.

NATIONAL DISEASE REPORTS:

HANTAVIRUS (Washington): 19 Aug 2007, A 65-year-old Franklin County man is in intensive care at Virginia Mason Medical Center in Seattle after being diagnosed earlier this week with hantavirus pulmonary syndrome, a health official said. The man is the fifth confirmed case of hantavirus in the Benton-Franklin Health District this year, and the third in the past week, according to Dr. Larry Jecha, the Benton-Franklin Health District medical director. The district usually doesn't hear of more than one case of hantavirus per year, Jecha said, so the health district has warned local health service providers to be on the lookout for symptoms. They include fatigue, fever and muscle aches in the early stages, and later coughing and shortness of breath, according to the CDC website. The virus can be fatal. "We're alerting people to be careful around droppings," Jecha said, because the virus is transmitted through rodent urine, droppings and saliva, particularly those of deer mice. He said the increase in hantavirus cases locally may be because more mice may be carrying the virus. The 2 other cases reported this week were family members, women aged 45 and 24. They also are from the Benton-Franklin county area. Another 2 cases were reported in the area in June, Jecha said, adding that the rest of the state has not reported any incidents of the virus this year. (Emerging Infectious Diseases are listed in Category C on the CDC list of Critical Biological Agents) *Non-suspect case

EASTERN EQUINE ENCEPHALITIS, HUMAN (New Hampshire): 21 Aug 2007, A Newton, New Hampshire person has tested positive for eastern equine encephalitis virus infection, state health officials said on Aug 20. It is the first human case of the mosquito-borne illness this year. There were no human cases in 2006, but 7 cases were reported in 2005; 2 of those victims died. The identity of the person infected has not been released, but officials said the man is expected to recover. The first sign of the virus this year was detected in a mosquito pool in Newton, and the virus was later found in a mosquito pool in Brentwood. (Viral encephalitis is listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

FOODBORNE ILLNESS, UNDIAGNOSED (Arizona): 24 Aug 2007, Health officials in Mohave County are trying to track down the source of a mysterious illness that has sickened more than 50 people. The county has closed its immunization clinic in Bullhead City so staff can concentrate effort on tracking the illness. It was first reported a week ago and has sickened at least 57 people with gastrointestinal symptoms. Public Health Director, Patty Mead, said 25 people who attended a gathering in Bullhead City first came down with the illness. Some live out of state. Officials thought it was

isolated, but 32 new reports have since surfaced. Mead said there's a growing concern that the source may still be present. (Food Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

HEPATITIS A, JUICE CONTAMINATION (California): 24 Aug 2007, About 4000 customers could be at risk after a worker at a Jamba Juice store in San Jose, California, developed hepatitis A, the chief medical officer for Santa Clara County said on Aug 23. "During the time she was infectious, she was also working at Jamba Juice, so we were concerned that even though there is a corporate policy of good hand washing, you can't be 100 percent sure," Martin Fenstersheib said in an interview. "There is a potential risk for people who were in that facility drinking the Jamba juice during the time she worked," he added. Hepatitis A, a rare occurrence in food service workers, is transmitted through oral and fecal contact. It can cause jaundice, fatigue, stomach cramps, and other ailments. Medical officials are advising anyone who may have been affected to get a vaccination. Fenstersheib based his number of potentially affected customers on data provided by the company for the time the unidentified worker was on the job during the first 16 days of August. The worker's doctor reported the case to county health officials on Aug 22. Because the disease takes about a month to incubate, there are no other known cases from exposure to the worker at present, according to health officials. The store was closed briefly for cleaning and disinfection and has since reopened. "Jamba Juice will pay eligible individuals, who satisfy the reimbursement requirements, their reasonable, out-of-pocket medical expenses related to the diagnosis and treatment of hepatitis A," Paul Clayton, Jamba Juice's chief executive, said in a statement. "We acted quickly to resolve this situation and the store is now open. (Food Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

EASTERN EQUINE ENCEPHALITIS, EQUINE (Michigan): 25 Aug 2007, A horse from Lapeer County has become Michigan's first case this year of Eastern equine encephalitis. A diagnostic laboratory at Michigan State University confirmed the 2-year-old mare died of the mosquito-borne virus last week (Aug 13-17), Michigan's first case since 2005, Jennifer Holton, a spokeswoman for the Michigan Department of Agriculture, said. Eastern equine encephalitis (EEE) is called "sleeping sickness" because it causes animals infected with it to enter into a coma. Horses that develop it rarely survive. Both EEE and West Nile virus (WNV) are carried in bird populations and transmitted by mosquitoes. The equine virus can infect people but is rare and cannot be directly transmitted from infected horses to other horses or humans. James McCurtis, spokesman for the Michigan Department of Community Health, said there have been no human cases of EEE since 2002. That year, there were 6 cases but none was fatal. He said precautions for people are the same for both viruses and include applying insect repellent and wearing long-sleeve clothing. People can protect horses with vaccines, insect repellent and keeping horses in stables at dusk and dawn. (Viral encephalitis is listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

INTERNATIONAL DISEASE REPORTS:

FOODBORNE ILLNESS, KINDERGARTENS (Russia): 20 Aug 2007, The number of children hospitalized with food poisoning rose to 75 on Aug 18 in the city of Blagodarny, Stavropol Territory. An adult was hospitalized with the same diagnosis. Another 48 children are being treated at home, visiting the outpatient department. The total number of people, suffering from food poisoning, has already reached 124 (including the adult). Children became ill on Aug 17. Each of them started vomiting, had high temperature up to 102.2 deg F and a headache. According to doctors, the conditions of the hospitalized ranges from moderate to serious. All affected children are from various city kindergartens. The adult is a kindergarten cook. It was established that the use of substandard food was the reason for the event. Investigation is now in progress to track down the origin of outdated foods. It is quite probable that taking into account the long hot spell that set in the Stavropol Territory, the firm that purchased and distributed foods to pre-school children establishments failed to store food under proper conditions. (Food Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

SALMONELLOSIS, SEROTYPE ENTERITIDIS, RACETRACK (European Union): 20 Aug 2007, An outbreak of acute gastroenteritis affecting 31 people occurred between Aug 3 and 5 during the Formula One race that took place at the Hungaroring in Mogyorod, Hungary. The patients were registered with sub febrile temperatures or fever, vomiting, stomach ache and diarrhea. Of those, 25 were foreign visitors and 6 were Hungarian citizens. The investigated patients started feeling ill between Aug 3 and 6. In total, 23 patients were hospitalized. Hot dishes prepared at a restaurant in Budapest were offered at a buffet at the Hungaroring racetrack and were suspected as the cause of the infection. Of the 31 patients investigated, 26 had consumed food from the suspected buffet on the first day of the race and 5 of them on the second day. Based on the epidemiological information, the buffet was closed by the local health authority on the morning of Aug 5. Food consumption history was obtained from patients and the investigation continued in the restaurant in which the dishes had been prepared, collecting information on the preparation and the amount of the suspected foods that had been served in the buffet. Salmonella Enteritidis was confirmed as the causative agent in 22 cases; 21 of those patients had eaten at the buffet on Aug 3 and one on Aug 4. S. Enteritidis was isolated from 12 of 21 stool samples taken from reportedly asymptomatic staff members working at the buffet and restaurant. No leftovers could be found of the dishes served on the first 2 days of the race, but samples were taken from dishes available on the site on the morning of the third day, when the local health authority closed the buffet. S. Infantis was detected in samples taken from both frozen raw and cooked chicken, indicating irresponsible practices used in preparing the dishes. It is likely that the chicken was not cooked long enough. In addition, the temperature of the meals was lukewarm during the transportation from the restaurant in Budapest to the buffet at Hungaroring. (Food Safety Threats are listed in Category B on the CDC list of

Critical Biological Agents) *Non-suspect case

CHOLERA (Guinea): 20 Aug 2007, Almost 1800 people have been affected by a cholera outbreak in Guinea, which has caused 67 deaths, according to the UN Office for the Coordination of Humanitarian Affairs (OCHA) in Conakry. In the same period in 2006, just 30 cases of cholera were reported, resulting in no deaths, according to OCHA. "The epidemic is quite serious this year, but the government and humanitarian partners are doing everything they can to treat cases and prevent the spread of the disease in Guinea," Madeleine Maka Kaba, OCHA spokesperson told IRIN. The seafont capital Conakry where 2 million people live, many of them packed close together in squalid slums without running water or sanitation, is being hit hardest. 370 of the cases and 18 deaths have been recorded there. The epidemic is also hitting hard in other towns and cities around the country, many of which have had neither piped water, nor sanitation, nor electricity for several years. In Kindia, 46 cases and 6 deaths have been reported since Aug 18, when a woman infected with the disease traveled there from Conakry, according to the Ministry of Health. In Conakry, the Ministry of Health has set up 3 cholera treatment centers, with help from UNICEF and Medecins sans Frontieres (MSF), according to Sergio Martin Estesio, who supervises the centers for MSF. "The Donka centre, the biggest treatment center in Conakry, has seen 115 cases since Aug 18," Estesio said. UNICEF is currently working with the local Conakry government, ICRC and the Faculty of Medicine at the University of Conakry to distribute 17 000 bottles of 'Sur Eau,' a water treatment product for use in individual households, to sections of the city most affected by the outbreak. UNICEF has made the antimicrobial agent doxycycline available to the Ministry of Health as well as a ton of disinfectant. (Water Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

BRUCELLOSIS, HUMAN, ANIMALS (Bulgaria): 21 Aug 2007, A Bulgarian woman in a village near the Greek border has been infected with a disease through contact with sick sheep and goats, veterinary authorities said Aug 20. A national veterinary service statement said 19 animals had been infected in the village of Valche pole where the 65-year-old woman fell ill with the disease. Veterinarians were examining samples from the animals on Aug 20 to see where the infection came from. The disease, called brucellosis, is caused by contact with animals carrying the bacteria or through consumption of infected meat or unpasteurized milk or cheese. It can be fatal for people but is not transferred from human to human. Brucellosis is rare in Bulgaria with only isolated cases for the past 50 years, veterinary service chief Zheko Baychev said. "Most probably the infection spread from neighboring Greece as flocks sometimes mingle during grazing in the border area between the 2 countries," the veterinary service statement said. In 2005, 2 Bulgarian shepherds working in a border Greek farm died of the disease while other workers complained of the extremely bad veterinary hygiene conditions in the same farm and said they had seen many animals die from brucella-like conditions there. All the infected animals in Valche pole will be culled to prevent further spread of the disease in Bulgaria, the veterinary service said. (Brucellosis is listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

SHIGELLOSIS, MEXICAN BABY CARROTS, RECALL (Canada): 22 Aug 2007, Authorities said Aug 20, 4 people from Calgary became ill after eating contaminated baby carrots. Costco recalled the carrots after the Canadian Food Inspection Agency issued a public warning on Aug 17, over shigella contamination. The public warning has been updated to include product sold in Manitoba as well as at Costco stores in British Columbia, Alberta, Ontario, Quebec, and Newfoundland. The warning includes Los Angeles Salad Company Genuine Sweet Baby Carrots, which come from Mexico. The carrots are sold in 672 gm/1.5 lb bags carrying codes: ITM 50325 and UPC 8 31129 00137 7, with 'sell-by' dates up to and including Aug 13, 2007. Food contaminated with Shigella may not look or smell spoiled. Shigellosis infection can cause diarrhea (which may be bloody), fever, nausea, and vomiting. Illness usually lasts from 4 to 14 days. Infection can occur after eating and drinking food and water that is contaminated with Shigella and can be passed from person to person. Costco Wholesale, Ottawa, Ontario, is voluntarily recalling the affected product from the marketplace. The CFIA is monitoring the effectiveness of the recall. For more information, consumers and industry can call the CFIA at 1-800-442-2342 / TTY 1-800-465-7735 (8:00 am to 8:00 pm Eastern time, Monday to Friday). (Food Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

MARBURG VIRUS, FRUIT BATS (West Africa): 23 Aug 2007, Scientists have found the deadly Marburg virus in one type of African fruit bat, the first time it's been detected in an animal other than a monkey. The bats were collected in the West Africa countries of Gabon and the Republic of Congo, but the test results support a theory that bats caused 2 recent Marburg hemorrhagic fever cases in nearby Uganda, health officials said. Scientists are not sure how Marburg virus is transmitted to humans, but for years they have suspected bats have something to do with it. Two-dozen investigators from the CDC, the World Health Organization and other health agencies have been in a remote part of western Uganda; following the death last month of a 29-year-old man who worked in a lead mine there. The man died of Marburg virus infection, a rare cousin of Ebola virus that can cause a rapid and gruesome death in which patients may bleed from the eyes, ears, and elsewhere. A second miner is also believed to be a Marburg case. In a new paper that appears in the online medical journal PLoS ONE (Public Library of Science), scientists say they tested over 1100 bats representing 10 species. They found Marburg in only one species, Rousettus aegyptiacus, a common type of fruit bat that lives in caves. 4 bats tested positive for the virus, and 21 tested positive for at least low levels of antibodies to the virus. Scientists believe the virus normally "hangs out" in some kind of animal, Towner said. Finding that animal reservoir could help lead to a better understanding of how the virus works and better strategies to combat it. It's not yet clear if bats are that reservoir. They could be getting infected just like people. In Uganda, investigators have noted the ceiling of the cave's tallest chamber is just 10 feet high, and miners' hands and feet are in constant contact with bat guano, Towner said. At least 2 kinds of bats have been found in the cave, including the one found with the virus, he said. Test results on the Ugandan bats are expected to take a couple of months, he added. (Viral hemorrhagic fevers are listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

ANTHRAX, HUMAN (Georgia): 24 Aug 2007, Paata Imnadze, head of the National Center for Disease Control, reported that so far this year, 15 human cases of anthrax have been registered in Georgia. Normally 30-40 cases of anthrax are registered annually in Georgia. Recently 3 inhabitants of western Georgia are under medical care on suspicion of anthrax. In one case the diagnosis has been already excluded; 2 persons have been hospitalized in Zugdidi and Kutaisi where they continue to be medically monitored. Paata Imnadze reminds the population that within the framework of the state program vaccination of cattle is available free-of-charge. He also has warned the population of the necessity, when cattle die, and anthrax is suspected, to immediately bury the animals in specially designated places and not try to keep the animal hides. (Anthrax is listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

*Cases and outbreaks will be cited for suspect level with regards to suspicion of BT threat. Therefore, cases and outbreaks will be categorized as "Determined BT", "Suspect" or "Non-suspect".

OTHER RESOURCES AND ARTICLES OF INTEREST:

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://bioterrorism.dhmd.state.md.us/>

MMWR Weekly Report. August 10, 2007 / 56(31): 789-794

[Update: Influenza Activity - United States and Worldwide, 2006--07 Season, and Composition of the 2007--08 Influenza Vaccine](#)

This report summarizes influenza activity in the United States and worldwide during the 2006-07 influenza season and describes the composition of the 2007-08 influenza vaccine.

MMWR Weekly Report. August 17, 2007 / Vol. 56 / No. 32.

[Scombroid Fish Poisoning Associated with Tuna Steaks - Louisiana and Tennessee, 2006](#)

This report describes the results of epidemiological investigations of two Scombroid fish poisoning outbreaks in 2006 conducted by the CDC and state health departments in Louisiana and Tennessee. FDA trace back investigations of the products indicated that the outbreaks in Louisiana and Tennessee were associated with tuna steaks from Indonesia and Vietnam, respectively.

MMWR Weekly Report. August 24, 2007 / 56(33): 842-846.

[Norovirus Activity --- United States, 2006--2007](#)

This report highlights the widespread increase in frequency of norovirus-like illness outbreaks and ED visits in the United States during October-December 2006 and January-June 2007. This increase was associated with the emergence of two new co-circulating strains of norovirus GII.4.

NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

Questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail me. If you have information that is pertinent to this notification process, please send it to me to be included in the routine report.

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